PTO/SB/17 (01-06)
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OXPE IAPES	Approved for use through 7/31/2006. C U.S. Patent and Trademark Office, U.S. DEPARTMENT O Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB							
			Complete if Known					
" 8 Jan 8	Fees pursuant to the Consolidated Appropri		Application Number	09/929,277-Conf. #8201				
O NIN O 8 JULE A	FEE TRANSI	WIIIAL	Filing Date	August 15, 2001				
\	For FY 20	06	First Named Inventor	Keith Bentley				
SATENT & TRACERLY			Examiner Name	L. Black				
1110	Applicant claims small entity statu	us. See 37 CFR 1.27	Art Unit	2177				
	TOTAL AMOUNT OF PAYMENT	(\$) 1,020.00	Attorney Docket No.	36488-174713				
	METHOD OF PAYMENT (check	all that annly)						

METHOD OF PAYMENT (check all that apply)											
Check Credit Card Money Order None Other (please identify):											
X Deposit Account De	Venable LL	.P									
X Deposit Account Deposit Account Number: 22-0261 Deposit Account Name: Venable LLP											
The above-identified deposit account, the bilector is fieleby authorized to (check all that apply) X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee											
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17											
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)											
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES											
		Small Entity		Small Entity	EVWINIIN	Small Entity	•				
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Pa	id (\$ <u>)</u>			
Utility	300	150	500	250	200	100					
Design	200	100	100	50	130	65					
Plant	200	100	300	150	160	80					
Reissue	300	150	500	250	600	300					
Provisional	200	100	0	0	0	0					
2. EXCESS CLAIM FEES Small Enti											
Fee Description	dina Daisawaa)						<u>Fee (\$)</u> 50	Fee (\$) 25			
Each claim over 20 (including Reissues)							200	100			
Each independent claim over 3 (including Reissues) Multiple dependent claims							360	180			
Total Claims Extr	a Claims Fo	ee (\$)	Fee Paid (\$)		Multiple Depende		ent Claims				
- 20 =	x				<u>Fee</u>	(\$)	Fee Paid (\$)				
HP = highest numer of total cla	aims paid for, if grea	ater than 20.						-			
		ee (\$) =	Fee Paid (\$)								
-3 = x = HP = highest numer of independent claims paid for, if greater than 3.											
3. APPLICATION SIZE FI											
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).											
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)											
100 = /50 (round up to a whole number) x =											
Other (e.g., late filing surcharge): 1253 Extension for response within third month 1,020.00											
SUBMITTED BY	11/1			 							
Signature //	1/4 6/10	W		gistration No. orney/Agent)	42,709	Telephone	(202) 344	-4000			
Name (Print/Type)							June 8, 2	2006			

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